

STATE OF HAWAII
NOTICE OF AND REQUEST FOR
RESTRICTIVE PURCHASE OF SERVICE
PURSUANT TO §103F-403, HRS

'14 APR -2 A9:46

STATE PROCUREMENT OFFICE
STATE OF HAWAII

To: Chief Procurement Officer

From: Department of Health/Developmental Disabilities Division
Department/Division/Branch or Office

Pursuant to §103F-403, HRS, and Chapter 3-144, HAR, the department head has made a determination that an adequate basis for a restrictive purchase of services exists and requests approval to make a restrictive purchase for the following:

1. Title and description of health and human service(s):
Developmental Disabilities Apartment Complexes General Subsidy as appropriated by the Hawaii State Legislature in 2005. Annual required resubmission of Notice of and Request for Restrictive Purchase of Service Pursuant to 103F-403, HRS.

In 2005, Act 168 amended Chapter 321-15.9 Hawaii Revised Statutes (HRS) to allow the Department of Health (DOH) "to enter into contracts for additional payments to providers of developmental disabilities domiciliary homes." The Legislature has appropriated a total of \$1.8 million annually to the Department of Health, Developmental Disabilities Division (DDD), for developmental disabilities/intellectual disabilities (DD/ID) residential subsidies (e.g., apartment complexes and DD Dom Homes).

There are currently 48 individuals with DD/ID living in four (4) developmental disabilities apartment complexes operated by one (1) agency, The Arc in Hawaii.

- | | |
|-------------------------------|---|
| 2. Provider Name and Address: | The Arc in Hawaii
3989 Diamond Head Road
Honolulu, Hawaii 96816 |
|-------------------------------|---|

- | | |
|--|-----------|
| 3. Total Contract Funds: | \$250,000 |
| Contract Funds per Year (if applicable): | |

- | | |
|--|----------|
| 4. RH No. of Previous Request for this Service (if applicable) | RH 13-08 |
|--|----------|

- | | | |
|--|-----------------|---------------|
| 5. Term of Contract: | Start: 07/01/14 | End: 06/30/15 |
| If the contract term is longer than 1 year, provide justification for the extended term: | | |

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6. Describe the circumstances justifying a restrictive purchase:

The Arc in Hawaii is the only agency in the State that provides apartment complexes exclusively for persons with DD/ID. The apartments are financed by loans from the Department of Housing and Urban Development which restricts tenants to persons with DD/ID. This service has been ongoing for years and provides housing for which individuals pay supports and in areas where people with DD/ID feel safe. Since most people with DD/ID only have Social Security Income of \$570 per month, rent cannot exceed \$170 per month for an apartment.

The Arc of Hawaii continues to have a net loss in the operations of the apartments each year. Act 168, Session Laws of Hawaii 2005 amended Chapter 321-15.9, HRS, to authorize the DOH-DDD to enter into contracts for additional payments to "operators of developmental disabilities apartment complexes for residential services on terms determined by the department of health" with the intent "to ensure that developmental disabilities residential service providers are adequately reimbursed for the residential services they provided." This request seeks to provide financial assistance for the Arc in Hawaii to continue to provide apartments for individuals with DD/ID who would otherwise be subject to risk of homelessness.

7. Describe the efforts and results in determining that this is the sole provider who can render services. Include approximate dates:

Per Act 168, SLH 2005, the additional payment for DD/ID apartment complexes is available to any apartment complex that meets the definition in Chapter 321-15.9 HRS, which requires every unit in the complex to be dedicated for persons with DD/ID except for the resident manager's unit. At this time, only the four (4) apartment complexes provided by the Arc in Hawaii meet this definition.

8. List state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Christie Ferreira, Public Health Administrative Officer, DDD.

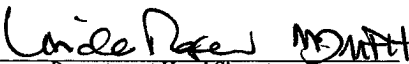
9. Direct questions to (name & position): Christie Ferreira, PHAO, DDD

Phone number: (808) 587-6043

e-mail address: christie.ferreira@doh.hawaii.gov

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I certify that the information provided above is to the best of my knowledge true and correct.


Department Head Signature 4/1/2014
Date
Linda Rosen, M.D., M.P.H.
Director of Health
Typed Name

NOTICE

Pursuant to §103F-403, Hawaii Revised Statutes and Chapter 3-144, Hawaii Administrative Rules, the aforementioned purchasing agency has submitted a request to the chief procurement officer for a restrictive purchase of service for health and human services, and if approved, intends to purchase the service without issuing a request for proposals.

Any person may file a written protest under the procedures established under Chapter 3-148, Hawaii Administrative Rules, located on the web at www.spo.hawaii.gov, click *Statutes and Rules* and *Procurement of Health and Human Services*. Protests shall be hand delivered or postmarked by United States Postal Service within seven (7) days after the date this notice is first published on the internet. If hand delivered it must be submitted by 4:30 PM, Hawaii Standard Time, within seven days after day this notice is first published. Protests must be submitted to the following procurement officer **and** head of the purchasing agency:

Procurement Officer for this Procurement

Christie Ferreira
Developmental Disabilities Division
Department of Health
1250 Punchbowl Street, Room 463
Honolulu, Hawaii 96813

Head of Purchasing Agency

Linda Rosen, M.D., M.P.H.
Director
Department of Health
1250 Punchbowl Street
Honolulu, Hawaii 96813

Protest forms and instructions are on the web at: www.spo.hawaii.gov, click *Health and Human Services, Chapter 103F...* and *Forms for Private Providers*. Questions should be directed to the contact person noted in item 9 of the request.

Published: APR _ 2 2014

FOR CHIEF PROCUREMENT OFFICER USE ONLY

Chief Procurement Officer's Comments:

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This approval is for the procurement process only. Service provider is required to be compliant with applicable laws, and verified on the Hawaii Compliance Express, if applicable. This award is required to be posted on the Awards Reporting System. If there are any questions, please contact Corinne Higa at 587-4706, or corinne.y.higa@hawaii.gov.

☒ **APPROVED** ☐ **DISAPPROVED** ☐ **NO ACTION**



Chief Procurement Officer Signature

4/22/14
Date

Please ensure adherence to applicable administrative requirements.



Solicitation Number: RH No. 14-06

Department: State Procurement Office

County/Island(s): Statewide

Category (Select One): Health and Human Services

Publication Date: 04/02/2014

Due Date: 04/02/2014 - 16:30PM HST

Solicitation Number: RH No. 14-06

Description: Notice of Restrictive Purchase of Services. Developmental Disabilities
Apartment Complexes General Subsidy

Contact Name: Christie Ferreira

Phone Number: 808-586-6043

E-mail Address: christie.ferreira@doh.hawaii.gov

Comments:

IFB/RFP/RFI,
Professional Svcs., etc. rh14_06.pdf
documents:

Pre-Bid / Pre-Proposal / Orientation Conference

Conference Scheduled:

Date/Time:

Address:

City:

Zip Code:

Additional Info:

Addenda

Amended:

Date Last Amended:

Close